WASHINGTON TOBACCO QUIT LINE

FAX REFERRAL FORM Fax Number: 1-800-483-3078

Provider Information: **Date:** ___/____/____

Health Care Provider Name: _____

Clinic Name: _____

Contact Name (nurse, med. asst., etc.): _____

Fax: (____) _____ - _____ **Phone** (____) _____ - _____ **MD back line:** (____) _____ - _____

Provider Authorization and Signature (required for pregnant patients only):

I understand that the FDA has not approved the use of over-the-counter nicotine replacement products for treatment of tobacco dependence in pregnant women. **I have read the enclosed information (reverse side of this page)** regarding smoking risks and benefits of treatment during pregnancy, have discussed this with my patient, and authorize the WAQL (F&C) to supply NRT (patch, gum or lozenge) along with telephone counseling for the pregnant patient identified below, if patient is eligible and such treatment is indicated.

Signed_____ **Date** _____

Patient Information: **Gender: Male** ____**Female**____ **Pregnant? Y** __ **N** __

Patient Name: _____ **DOB:** ___/___/____

Address: _____ **City:** _____ **Zip:**_____

Home #: (____) _____ - _____ **Wk #:** (_____) _____-_____ **Cell #:** (_____) _____ - _____

_____ I am ready to quit tobacco and request the **Washington Tobacco Quit Line** contact me to help me with my quit plans.
(Initial)

_____ I agree to have the **Washington Tobacco Quit Line** tell my health care provider(s) that I enrolled in Quit Line services and **(Initial)** provide them with the results of my participation.

Congratulations on taking this important step! Telephone support from a Tobacco Treatment Specialist will greatly increase your chance of success.

Patient Signature: _____ **Date:** ____/____/____

The Washington Tobacco Quit Line will call you. Please check the best times for them to reach you. The Quit Line is open 7 days a week:

❑ **6am - 9am** ❑ **9am - 12pm** ❑ **12pm - 3pm** ❑ **3pm - 6pm** ❑ **6pm - 9pm**

Within this 3-hour time frame, please contact me at (check one):_____**hm/**__**wk/**__**cell**

FOR WASHINGTON TOBACCO QUIT LINE USE ONLY:

FAX REFERRAL OUTCOME:

- ❑ **Letter and materials sent (after 3 attempts); Date:** _____
- ❑ **WA QL Intervention completed, refused F&C, materials sent; Date:** _____
- ❑ **WA QL Intervention completed, with enrollment into F&C, materials sent; Date:** _____
- ❑ **Dosed for NRT; Date:** _____
- ❑ **Refused services**

Last Update: 07.22.05

Treating Tobacco Dependence during Pregnancy

Smoking during pregnancy is the primary modifiable risk factor for perinatal complications leading to infant morbidity and mortality in the US today, and is known to cause premature births, low birthweight babies and SIDS. Quitting smoking at any time during pregnancy decreases the risk of birth complications, newborn illnesses and neonatal deaths, but fewer than half of pregnant women who smoke are able to quit.

The FDA has not approved the use of over-the-counter nicotine medications (NRT patch, gum and lozenges) for pregnant women who smoke; however, there is accumulating evidence from European countries (where NRT has been approved for use in pregnancy since 1997) that use of NRT reduces smoking among pregnant women and decreases the risk of adverse smoking-related outcomes.

While quitting without the use of NRT would be preferred, ***using NRT is clearly safer for maternal-child health than continuing to smoke***, as ingredients in tobacco smoke other than nicotine are the primary causes of the conditions leading to adverse pregnancy outcomes. Benowitz and colleagues, while recognizing that animal studies have shown risk of neuro-developmental defects with high doses of nicotine, have determined that ***there is low to minimal risk to the human fetus associated with judicious NRT use during pregnancy*** and recommend that such treatment be considered for women who are otherwise unable to quit. Additionally, they advise that ***NRT can be used without restriction post-partum, as only trace amounts of nicotine are absorbed by breast-fed infants.***

The WA State Quitline, in conjunction with the Free & Clear program, offers direct mail order (DMO) NRT patch, gum and/or lozenge for eligible callers, along with our standard counseling program. However, we are unable to provide NRT to pregnant women without the approval of their physician (or other licensed healthcare provider). Therefore, ***if you would like your patient to receive NRT as part of her treatment for quitting tobacco, please discuss this with her and sign the authorization on the front of this form***. Then, when it is faxed to the WAQL, we will assess your patient's need for NRT and deliver up to eight weeks of nicotine medication to augment our counseling program and help your patient quit, if NRT is indicated and your patient is eligible.

If you have any questions, would prefer to prescribe NRT directly to your patient, or would like additional information, please call one of our medical staff physicians, Tim McAfee or Abigail Halperin at 206-876-2100.

Thank you,

Free & Clear Medical Team

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References:

1) Cnattingius S. The epidemiology of smoking during pregnancy: Smoking prevalence, maternal characteristics and pregnancy outcomes. Nicotine and Tobacco Research. 2004, vol. 6, sup 2, pp. s107-124.

2) MMWR, Smoking during Pregnancy, United States 1990-2002. Centers for Disease Control and Prevention. October 8, 2004:53(39);911-915.

3) Delcroix, Gomez, Adler, Windsor and Le Houzec. Smoking Cessation and Reduction with NRT during Pregnancy. Presented at the annual meeting of the Society for Research on Nicotine and Tobacco (SRNT) on Tuesday, March 22, 2005, Prague, Czech Republic.

4) Benowitz NL, Dempsey DA. Pharmacotherapy for smoking cessation during pregnancy. Nicotine and Tobacco Research. 2004, vol. 6, sup 2, pp. s189-202.

5) Dempsey DA, Benowitz NL. Risks and benefits of nicotine to aid smoking cessation in pregnancy. Drug Safety, 2001, vol. 24, no. 4, pp. 277-322.